Healthcare System, San Diego, California, United States, 2. Hahn School of Nursing, Temecula, California, United States, 3. VA San Diego Healthcare System, San Diego, California, United States, 4. self-employed, Denver, Colorado, United States, 5. Providence VA Medical Center, Providence, Rhode Island, United States

Ongoing evidence of failures to provide cardiopulmonary resuscitation in skilled nursing facilities (SNFs) has resulted in the federal regulation - F678 Cardio-Pulmonary Resuscitation (CPR). Descriptions of CPR-related non-compliance and nursing practice failures are contained in Statements of Deficiencies (CMS-2567). These data provide a unique opportunity to describe practice failures at the point-of-care. A mixed methods case study using content analysis and descriptive statistics was used for a purposeful sample of SODs from 11 SNFs in six states derived from a 2012 first quarter national CMS report of 42 avoidable deaths associated with immediate jeopardy citations. A codebook was developed and tested, based on empirical evidence reported in Office of Inspector General (OIG) 2014 Adverse Events and the Institute of Medicine 2004 nursing surveillance framework. Two trained and independent coders analyzed data. Analysis of SOD quality was conducted. Patterns of practice failures were identified. Ownership included 3 not-for-profit; 1 governmental; and 7 for-profit facilities. The 2012-star ratings ranged from 1.0 – 2.8. The practices of 5 RNs and 5 DONs were described. OIG categories included abuse and neglect, care transitions, and medications. Practice failures were associated with inadequate initiation of CPR resulting from improper processing of orders, poor identification of resident status, poor RN and DON surveillance, absence of CPR certified staff, and a lack of urgency in nursing's response. The quality of SODs, based on 5 parameters, ranged from 18% - 100%. SODs are useful as data sources. Identified practice failures are useful in developing best practice protocols.

BETA TEST OF A PAC DEMENTIA KNOWLEDGE TRAINING MODULE INCLUDED IN A NURSING HOME ORIENTATION CURRICULUM

Jerry Brown,[1] Peter Baylie,[1] Candidus Nwakasi,[1] Pranay Reddy,[1] Katie Ehlman,[1] Beth Nolan,[2] and Teepa Snow,[3] *1. University of Southern Indiana, Evansville, Indiana, United States, 2. Positive Approach to Care, Ada, Michigan, United States, 3. Teepa Snow, Efland, North Carolina, United States*

Providing quality care for older adults in long-term care can be challenging, and this issue appears to be more pressing with people living with dementia. Using the Positive Approach® to Care (PAC) model, a 2-hour module for new staff nursing home orientation curriculum was designed to help introduce the concept of working with people living with dementia. Twelve undergraduate students participated in a beta-test of the nursing home orientation. A pre-and-post 38-item survey was administered to measure knowledge level and improvement. Participants also responded to qualitative semi-structured questions after the orientation. Descriptive statistics and bivariate analysis were conducted. Results indicated an improvement on dementia-related knowledge in most of the survey items (21 of 34 items). Examples of statistically significant differences in the pretest and post-test identified are knowledge on the effect of pressure in the palm to comfort a person with dementia (p-0.039), vision as the most powerful sensory input during dementia caregiving (p-0.001), and functionalities lost when the left temporal lobe shrinks (p-0.014). The qualitative evaluation showed that most of the participants indicated a change in dementia caregiving views — including how to pause if permission is not given to engage, and to respect personal space. These findings prove important because the PAC orientation curriculum was successful in improving the students' knowledge and perspectives on dementia. This training program could be a useful tool if implemented into nursing home employee orientation.

CALCULATING THE TRUE COSTS OF FOOD SERVICE IN LONG-TERM CARE: DEVELOPMENT OF A COSTING METHODOLOGY

Mikaela Wheeler,[1] Karen Abbey,[2] and Sandra Capra,[2] *1. University of Queensland, Queensland, Australia, 2. University of Queensland, Brisbane, Queensland, Australia*

As population's age and the need for long term care (LTC) increases, so too does the focus on the costs to provide that care. Providing food, oral nutrition supplements and meals, can be a considerable expense to a home. The objective of this research was to develop a valid foodservice costing tool (FCT), to calculate the real cost of providing foods and meals in LTC. Current costing methodologies are not specific to LTC and do not account for all costs of a foodservice, including staff, procurement and nutrition supplements. An initial tool was developed using the systems approach in conjunction with literature and professional knowledge. This was piloted in real world contexts, using volunteer LTC homes. Four iterations of the tool were completed to assess its feasibility in calculating costs and useability. Managers were interviewed after completing the tool to gather an understanding of how the tool was interpreted and to refine completion. Following feedback, the resulting tool consists of nine sections, measuring both costs incurred in meal production and service as well as analysis of staff workloads. Preliminary results show consistency between homes within Australia, indicating that the true cost is much higher than that reported in the literature to date. The development of a comprehensive, usable tool which captures the total cost of foodservice allows homes to accurately report and understand costs from a systems level. This information can be used to demonstrate cost effectiveness of a foodservice and the potential to justify and plan future system changes.

DEFICIENCY CITATIONS IN NURSING HOMES THAT PREDOMINANTLY SERVE RESIDENTS WITH SERIOUS MENTAL ILLNESS

Dylan Jester,[1] Kathryn Hyer,[1] and John Bowblis,[2] *1. University of South Florida, Tampa, Florida, United States, 2. Miami University, Oxford, Ohio, United States*

Studies suggest that nursing homes (NHs) that predominantly serve residents with serious mental illness (SMI) are of worse quality due to poor resources (i.e., high Medicaid-paying census) and lower staffing. We used national Certification and Survey Provider Enhanced Reports (CASPER) data to examine the deficiencies issued to NHs from 37,800 recertification inspections of 14,582 unique